

PAGE	1	OF	16
FOR SE OF FORM 24/48			

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

Signature

[Electronically Filed]

Date 02 / 18 / 2016

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
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Form/Schedule: SE
Transaction ID : SE24.2287

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$979.41 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.2288

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$292.71 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 16
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CAMPAIGN FUNDING DIRECT			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015		
Mailing Address 1420 SPRING HILL ROAD, SUITE 490 SUITE 490			Amount 39741.94		
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.2289		
Purpose of Expenditure AGENCY FEES - CONSULTING		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee CAMPAIGN FUNDING DIRECT			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015		
Mailing Address 1420 SPRING HILL ROAD, SUITE 490 SUITE 490			Amount 12000.00		
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.2301		
Purpose of Expenditure AGENCY FEE - ONLINE		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51741.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
02 / 18 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.2289

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$779.25 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.2301

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$235.29 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 16
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CAMPAIGN FUNDING DIRECT			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490 SUITE 490			Amount 308.20	
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.2305	
Purpose of Expenditure FULFILLMENT ITEMS - CAMPAIGN JACKETS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		4081696.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee CAMPAIGN FUNDING DIRECT			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490 SUITE 490			Amount 378.87	
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.2306	
Purpose of Expenditure PRINTING		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		4082074.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	687.07
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

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02 / 18 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.2305

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$6.04 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.2306

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$7.43 has been allocated equally to each of the remaining schedule primary elections.

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CAMPAIGN FUNDING DIRECT			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015		
Mailing Address 1420 SPRING HILL ROAD, SUITE 490 SUITE 490			Amount 452.80		
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.2307		
Purpose of Expenditure FULFILLMENT ITEMS - CAMPAIGN JACKETS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee CHOCKLETT PRESS			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015		
Mailing Address 2922 NICHOLAS AVE			Amount 12030.02		
City ROANOKE	State VA	Zip Code 24012	Transaction ID : SE24.2311		
Purpose of Expenditure PRINTING		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12482.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
02 / 18 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.2307

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$8.88 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.2311

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$235.88 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DIRECTMAIL.COM		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 5351 KETCH ROAD		Amount 2200.00	
City PRINCE FREDERICK	State MD	Zip Code 20678-3470	Transaction ID : SE24.2312
Purpose of Expenditure DIRECT MAIL - POSTAGE	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____	
Calendar Year-To-Date Per Election for Office Sought 4096757.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee OMEGA LIST COMPANY		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 1420 SPRING HILL ROAD SUITE 490		Amount 56969.96	
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.2366
Purpose of Expenditure LIST RENTAL EXPENSE	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____	
Calendar Year-To-Date Per Election for Office Sought 4153727.75		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	59169.96
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
02 / 18 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.2312

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$43.14 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.2366

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$1,117.06 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 16
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee OMEGA LIST COMPANY		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 1420 SPRING HILL ROAD SUITE 490		Amount 22051.42	
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.2417
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 4175779.17		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee RST MARKETING		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 1272 CORPORATE PARK ROAD		Amount 62000.00	
City FOREST	State VA	Zip Code 24551-2277	Transaction ID : SE24.2432
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 4237779.17		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	84051.42
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
02 / 18 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.2417

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$432.38 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.2432

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$1,215.69 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 16
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee SISK FULFILLMENT SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 1900 INDUSTRIAL PARK DR.		Amount 5136.25	
City FEDERALSBURG	State MD	Zip Code 21632-2667	Transaction ID : SE24.2436
Purpose of Expenditure POSTAGE	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____	
Calendar Year-To-Date Per Election for Office Sought 4242915.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee SOUTHWEST PUBLISHING & MAILING		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 4000 SE ADAMS STREET		Amount 30400.00	
City TOPEKA	State KS	Zip Code 66609	Transaction ID : SE24.2437
Purpose of Expenditure DIRECT MAIL - POSTAGE	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____	
Calendar Year-To-Date Per Election for Office Sought 4273315.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	35536.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
02 / 18 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.2436

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$100.71 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.2437

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$596.08 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 15 OF 16
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ZIP MAILING SERVICES, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 6304 SHERIFF RD STE Z		Amount 23600.00	
City LANDOVER	State MD	Zip Code 20785-4361	Transaction ID : SE24.2443 Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type 004	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 4296915.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	23600.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Robert Frank

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Signature

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Form/Schedule: SE
Transaction ID : SE24.2443

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$462.74 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:
Transaction ID: